

FILED DEC 3- 1957

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43244**

BIRTH NO. _____		REG. DIST. NO. <b>352</b>		PRIMARY REG. DIST. NO. <b>4517</b>		Registrar's No. <b>95</b>	
1. PLACE OF DEATH a. COUNTY <b>Taney</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Wichita</b>			
b. CITY OR TOWN <b>Branson</b>		c. LENGTH OF STAY (In this place) <b>few days</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>White River Hotel</b>				e. STREET ADDRESS (If rural, give location) <b>727 Central St. #158</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Henry</b> c. (Last) <b>Mersey Jr.</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>11-22-57</b>			
5. SEX <b>M</b>		6. COLOR OR RACE <b>N</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>		8. DATE OF BIRTH <b>Oct 29, 1925</b>	
9. AGE (In years last birthday) <b>32</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Construction Work, Bricks, Makers</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Boonville Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>William H. Mersey Jr.</b>		13b. MOTHER'S MAIDEN NAME <b>Eula McFarland</b>		14. NAME OF HUSBAND OR WIFE <b>Shirley A. Mersey</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>500-20-448</b>		17. INFORMANT'S SIGNATURE OR NAME <b>W.H. Mersey Jr.</b> ADDRESS <b>1630 W. 21st, Topeka, Kansas</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>201-23-57</b>				MEDICAL CERTIFICATION			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>asphyxiation</b>				INTERVAL BETWEEN ONSET AND DEATH <b>instant</b>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
DUE TO (b) <b>bed fire in hotel room</b>				DUE TO (c) <b>smoking in bed</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		9166 40		20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hotel room</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Branson Tany Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Nov 22, 1957 8:00 PM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>bed caught on fire from cigarette</b>			
22. I hereby certify that I attended the deceased from <b>Nov 22, 1957</b> , to <b>Nov 27, 1957</b> , that I last saw the deceased alive on <b>Nov 22, 1957</b> , and that death occurred at <b>8:30 AM</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Walter S. Cobb, Coroner</b>				23b. ADDRESS <b>Topeka, Mo</b>		23c. DATE SIGNED <b>11-22-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11-22-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove Cemetery Boonville Mo</b>		24d. LOCATION (City, town, or county) (State) <b>Mo</b>	
DATE REC'D BY LOCAL REG. <b>11-26-57</b>		REGISTRAR'S SIGNATURE <b>Helene Campbell</b>		FUNDAL DIRECTOR'S SIGNATURE <b>Whelchel F. Home</b> ADDRESS <b>Branson Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Items #15, 17, 14, & 16 corr by affidavit of informant 1-22-57 JH

JAN 22 1958

DEC 4 1957

DEC 18 1957

MAR 20 1958

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Walter S. Gell*

Licensed Embalmer No. *473-1*

P. O. Address *Long...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.